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AUTHORITY

AGO ltr 29 Apr 1980

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OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (2 Feb 68) FOR OT RD-674030

7 February 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 6th  
Convalescent Center, Period Ending 31 October 1967

TO: SEE DISTRIBUTION

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rective actions should be reported to ACSFOR OT within 90 days of re-  
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2. Information contained in this report is provided to insure  
appropriate benefits in the future from Lessons Learned during current  
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BY ORDER OF THE SECRETARY OF THE ARMY:

*Kenneth G. Wickham*

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

1 Incl  
as

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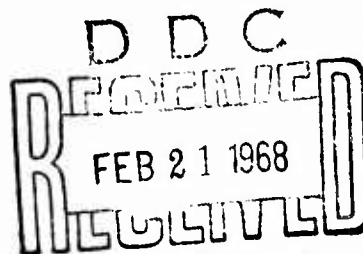
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AD827119

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, 6TH CONVALESCENT CENTER  
APO San Francisco 96377

AVBJ GA-CC

1 November 1967

SUBJECT: Operational Report-Lessons Learned for Quarterly Period  
Ending 31 October 1967 (RCS CSFOR-65)

TO: Commanding General  
HQ, USARPAC  
ATTN: GPOR-OT  
APO 96558

The Operational Report-Lessons Learned of this headquarters for the quarterly period ending 31 October 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3.

*Bruce T. Bowers*

1 Incl  
as

BRUCE T. BOWERS  
Lieutenant Colonel, MC  
Commanding

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SECTION I      SIGNIFICANT ORGANIZATIONAL ACTIVITIES

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Ending 31 October 1967.

A. Replacement personnel for the 6th Convalescent Center continue to be obtained through normal replacement channels. Enlisted personnel in grades E6 and below are requisitioned by this command while enlisted personnel in grades E7, E8 and E9 and officers are requisitioned by the 44th Medical Brigade. The total assigned strength as of 25 October 1967, was 305 of which 292 were present for duty. The assigned officer strength as of this date was 57 of which 54 were present for duty. For a breakdown of critical MOS shortages and MOS overages, refer to Inclosures 1 and 2.

B. During the period 4374 patients were admitted to the 6th Convalescent Center while there were 4507 dispositions. A summary for this report period is given in Inclosure 3.

C. The mission of the Nursing Service requires that we operate in effect a 400 bed hospital within the Convalescent Center. Since we operate under a reduced TO&E with no nurses and only twenty-seven (27) corpsmen authorized, we are kept in an overstrength position of 12 nurses and 65 corpsmen. Even these additional people are not considered fully adequate to provide necessary nursing service care for the sick patients. Being overstrength results in a serious morale problem on the nursing service since over one-half of the corpsmen cannot be placed in TO&E positions and therefore are not promotable. As reported previously the TO&E for a convalescent center is inadequate in the Nursing Service area for the type of patients that are actually cared for. The assignment of ANC officers continues to be necessary for proper supervision and training of non-professional personnel as well as direct nursing care in some cases. A continuous training program is taking place to advance the skill level of all personnel. With the short tour necessitating a proven rapid turnover of assigned personnel, technical and specialist training is a continuous program involving all Nursing Service personnel. The standardization of ward layouts and procedures have proven to be of great value in the cross training of ancillary personnel. The cross training is necessary to keep an adequate level of experienced personnel throughout the Center.

D. SUPPLY AND SERVICES:

1. During the past quarter it was learned that a majority of stock record cards were being transferred from the active files to the fringe files. A close review of this area showed that over fifty percent (50%) of active lines during the past two quarters became fringe items. This is caused by two factors; (a) constant turnover in the Medical Staff in that physicians are asking for new standard items without giving consideration to stocks already on hand that will serve the same purpose (b) many items listed in SC 6545-8-CL-COL, Medical Equipment Set, Army Convalescent Center, 1500 patient, were issued to this unit before departure to Vietnam and are no longer needed or used by the physicians. Both problems represent a monetary waste and add to the

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storage problems of the Center.

2. A reteaching program has been started to instruct all departments in the proper way to order medical supplies therefore establishing a more even ordering flow. However, in the area of supply requisition the walk-thru system at the Cam Ranh Bay Army Depot was eliminated during this period resulting in a delay of supplies and customer dissatisfaction.

3. To obtain adequate R&U support we have organized a nine man R&U section from our own resources. A maintenance check system for air-conditioners was devised that is similar to the fire extinguisher tag system. This system insures that first echelon maintenance is performed on all units. Blowing sand continues to be a problem in the patient wards mess hall. The present system is to wrap sheets of plastic around the buildings. This results in poor air circulation and increased heat. The permanent solution is to air-condition those areas.

#### E. PROFESSIONAL SERVICES:

1. During the past 3 months several important changes have been made in the organization and operation of the Professional Services of the Center. Some of these were dictated by necessity and the forces of circumstance; others were planned improvements. All were designed with one primary object in view -- to return as many men as possible to duty in as short a time as possible, as fit and healthy as possible.

2. Because of personnel losses in the surgical section, surgical patients are being cared for by an otolaryngologist and a radiologist. Our surgical capability has been limited to very minor procedures, e.g. incision and drainage of superficial abscesses, removal of verrucae. No wound closures, primary or secondary, are performed and all patients requiring more sophisticated or complex procedures are evacuated either in-country or to a PACOM facility, as the case requires. The operating room capability has been discontinued. We do need a general surgeon, either C or D3150 to care for post-operative surgical patients. Because of the acute professional personnel shortage in the surgical section, all patients who no longer need in-hospital nursing care are sent to Class II, a reconditioning company where physical therapy can be continued. During this period the patients are under the supervision of the medical section.

3. During the reporting period the medical section altered several procedures involving patient care.

a. Complete reorganization of the medical section has been effected. Previously there had been 3 classes of patients: (1) requiring nursing care (2) requiring minimal nursing care (3) requiring no nursing care, there are now two. It was found that the intermediate class

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patient received short shrift from both nursing service and from the reconditioning battalion and was the subject of a continuing jurisdictional dispute. This class, therefore, was abolished. Falciparum malaria patients now leave Class I one day after completion of drug therapy (the usual case) and remain in class II for 8 days after which time they are discharged. This has decreased the required total in-hospital stay for patients with falciparum malaria from 24 to 19 days (from first quinine pill until discharge to full duty). Because of this and because of better organization of medical responsibility, patients have been seen more frequently and thus many fewer patients remain longer than necessary. The average patient stay at the Center dropped from 26 days to 18 days during the report period. The average patient census dropped to about 975 for the same period while the average daily admission and disposition rate rose. During October we reached a new all time high in patients admitted (1763). Our workload increased, therefore, since we handled a greater number of patients there was a shorter hospital stay, a lower patient census, and a greater rate of returnees to duty.

b. A study of therapy for falciparum malaria has been initiated. Although it has been thought for several years that the strains of falciparum malaria found in the Republic of Vietnam were resistant to chloroquine therapy, no such studies have come to our attention in which chloroquine was combined with other potent antimalarials. Such a concept was brought into practice recently at the Naval Support Activity Hospital at Da Nang where a small number of patients were treated with sulfisoxazole, pyrimethamine and chloroquine. The results, although poorly documented, warranted further investigation. Accordingly, a large number of patients with falciparum malaria will be treated with this regimen (between 300 and 800) and compared with control patients treated with quinine. Our objectives are twofold. First, we intend to eliminate quinine from the treatment of malaria in most cases. It is a toxic and expensive drug. Secondly using the new treatment the course of therapy is 6 days instead of 10 and fewer days in bed will mean fewer days for reconditioning. We hope to diminish the total time from first chloroquine tablet to discharge time to about 11 days. With some 10000 cases of falciparum malaria treated yearly, this might save about 80000 man days per year as well as significant toxicity and cost. We hope to have some firm results by mid-December.

4. The requisitioning of supplies by our Pharmacy through supply channels has been much more efficient. The number of items "due out" on the weekly request for supplies has decreased considerably. As a result the problems arising from being "out of stock" have been minimal. The availability of pharmaceutical packages in a size suitable for dispensing has cut down on the time required for manufacturing and prepacking. This is especially true for dermatological preparations. All products manufactured and prepackaged in the Pharmacy are now recorded in a ledger and given a control number. In the event that the product has to be recalled all lots with that control number can be

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identified. This results in better quality control.

5. The Preventive Medicine Team initiated several new programs at the Center during this quarter.

a. It was noted that civilian personnel working in several areas of the hospital had not received medical screening nor possessed valid health certificates. This was most lacking in the personnel assigned to the PX Snack Bar. A memo outlining the proposed study to screen all civilian personnel was distributed. With some urging the areas complied and at the present time we have just about screened all civilian personnel on post. Several suspected cases of tuberculosis were discovered and released to their local area for medical treatment.

b. An immunization program was established for all civilian personnel at the Center. Plague, cholera and smallpox immunizations were administered to all personnel and the turnout was practically 100%. The Civilian Personnel Officer was responsible for seeing that the various sections complied and the results were gratifying.

6. The Social Worker has been appointed USARV Social Work Consultant. This additional duty requires his recommendations on assignments of Social Work officers in Vietnam and their proper utilization. He is also responsible for the proper utilization of some fifty social work specialists assigned to various units throughout Vietnam that support Social Work officers and psychiatrists.

7. The present Center Commander is an ophthalmologist which fact precludes the necessity for an assigned optometrist. Ordinarily a convalescent center is authorized an optometrist; however, both the ophthalmologic and optometric needs of the Center are provided by the Center Commander as an additional duty. A well qualified EENT specialist is assigned in the MOS 91U. This specialist spends weekends at the Optical Depot in Nha Trang fabricating glasses for the Center thereby providing much improved service to both patient and permanent party personnel.

8. The importance of equipment maintenance and safety was demonstrated during this period in the Physical Therapy Section. During a routine check of electrical outlets by the MMO, those outlets in the Physical Therapy Section were found to be ungrounded. Apparently, during installation of the wall boxes, the ground wire was cut off, rather than wired into the box. This posed a serious threat to patients and workers in this section, since hydrotherapy equipment was used in this area and the electrical source was derived from these ungrounded outlets. The hydrotherapy section was closed for one day while new ground wires were connected to these outlets. All equipment is now properly grounded.

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F. RECONDITIONING BATTALION: Under TO&E 8-590E, the mission of a convalescent center is to provide facilities for the convalescent care and physical reconditioning of patients. The purpose of this discussion is to examine the latter requirement contained in the mission statement - physical reconditioning. It can be inferred logically that the goal to be achieved is the return to duty of individuals who are physically able to perform full duty in their parent units. This is particularly true for persons assigned to combat elements where physical stamina is essential to effective performance. However, it is now difficult to determine when the individual is in fact fit for return to full duty. Experience factors are limited and there are no specific terms of reference. Therefore, it was considered necessary to undertake a study based upon feedback from combat elements. Five (5) letters are being sent daily from this Center to different unit commanders for a period of one (1) month. Assuming a reasonable response, the results should show quite clearly whether or not the men being returned to duty are physically fit. Thus, the program can be adjusted as indicated. Further, this device lends itself to repeated use in order to double-check the continuing effectiveness of the reconditioning program.

G. The X-Ray Clinic installed the remaining major items this period for completion of its modern X-Ray unit with the receipt of the overhead tube and more adequate developing tanks. Prior to this the Clinic had experienced a number of developing problems due to the increased workload which compelled X-Ray technicians to use shortcuts which were sometimes unwise. This in turn created more work because of the need to re-x-ray patients whose films had proven too poor to interpret.

H. Various improvements which have enhanced the appearance and efficiency of the Center have been achieved through the self-help program. Four (4) cement pads have been completed - two of these pads were installed to upgrade the KP areas of the Mess, the third was laid in the area of Center Supply to serve as a platform for their reefers and the fourth pad to support a 1600 cubic foot reefer behind the Mess. Also approximately 40 square yards of sidewalks have been completed in the Mess area making it more easily accessible.

I. For Chaplain Activities refer to Annex A

J. For Recreational Activities refer to Annex B.

## A. PERSONNEL:

ITEM: Number and types of personnel spaces authorized by TOE versus the actual requirements of the Center in its present environment.

DISCUSSION: The Center is currently organized and operating officially at reduced TOE strength which provides for 43 officers, 2 warrant officers and 166 enlisted personnel. The original concept of operation for a convalescent center was based upon a relatively simple mission allowing for the convalescent care and physical reconditioning of patients prior to return to duty. The authorized figures indicated above were probably sufficient to support such a limited mission. The Center, however, is a 1300 bed facility with a very much expanded mission which in addition to the convalescent care and physical reconditioning of patients, includes the actual care and treatment of patients with a variety of diseases, i. e., the operation of a 300 to 400 bed medical hospital within the convalescent center. The total assigned strength of the Center has been as high as 348 during the month of July 1967. This figure is much closer to the minimum number of personnel actually required to insure effective operation. The total assigned strength has been slowly decreasing since July 1967. In order to help rectify this situation and preclude the necessity for reducing the extent of the Center's treatment capabilities, an MTOE was prepared at the direction of higher headquarters and submitted on 1 October 1967. The maximum number of personnel which this command was permitted to request under this MTOE was limited to 256. This figure, if this particular MTOE is approved, is not sufficient to allow the Center to continue performing its mission as it is now doing. As of this date, 40 personnel are assigned above the 256 requested by the 1 October 1967 MTOE and the Center still continues to suffer from a lack of personnel in several vital areas. On 20 October 1967 another MTOE was submitted requesting a total of 352 personnel. This document reflects the more realistic needs for a complete nursing service and additional mess, laboratory, dental and other specialized medical and administrative personnel.

OBSERVATION: The present TOE is totally inadequate to support this expanded mission and the various additional physical reconditioning and recreational facilities provided. The purpose of an MTOE is to reflect the organization and requirements of a unit in its present environment. It was felt that this was accomplished by means of the latest MTOE requesting additional personnel.

ITEM: Civilian kitchen helpers

DISCUSSION: Since the end of August, the Center has been operating its mess hall with the augmentation of thirty-six (36) newly authorized civilian helpers. Previous to the hiring of these local nationals, the Center was forced to use patients as KP's. These patients were required to work long hours whereas it would have been more advantageous to their convalescing for them to be resting. The only personnel problems arising with these civilians lie in the field of pay administration. They are paid bi-weekly for a two (2) week period beginning four (4) weeks past. This taxes the civilians memory with respect to days absent, weeks past,

etc. and as a result arguments arise concerning pay.

OBSERVATION: In retrospect the civilian KP experiment has worked out most effectively.

#### B. REGISTRAR:

ITEM: Chart preparation.

DISCUSSION: Charts of the dispositioned cases were being turned into the Registrar without laboratory data and other items of necessary clinical data. These remaining items would eventually be turned in for the Registrar to place in the chart. The volume became so great that it was nearly impossible for the Registrar to handle. A training program worked out by Nursing Service and the Registrar was instituted whereby Nursing Service personnel, supervised by NCO's of the Registrar Division, acquainted themselves with the problems encountered by the proper clinical record.

OBSERVATION: Proper understanding of the problems of other staff sections makes for greater overall efficiency.

#### C. SUPPLY AND SERVICES

ITEM: Covered storage areas.

DISCUSSION: Covered storage remains a problem but has been eliminated somewhat by the acquisition of a medical ward which was turned into a warehouse. This move eliminated the use of Conex containers and resulted in a turn-in of 50 containers.

OBSERVATION: Approximately twenty-five percent (25%) of covered storage space now being used could be set free if medical equipment not needed could be turned-in.

#### D. PROFESSIONAL SERVICES:

ITEM: Experience has shown that the patient who has had multiple hospitalizations presents problems to the hospital and usually to his family.

DISCUSSION: The Social Work section has established a group counselling program for those patients that have been hospitalized more than three times in any medical facility in Vietnam for any reason whether medical or surgical to include convalescence. During the counselling period the patients are given an opportunity to verbalize their anxiety over multiple hospitalizations and the anxiety generated in the family, generally induced by the patient himself most always to elicit sympathy or concern of the family in an effort to meet the patient's needs. These needs are



verbalized and discussed. For example, a patient may write to his wife that he is in the hospital and not tell her why, or that the patient has been "hit" without explaining the minor wound, or yet in a few cases where the patient has been hospitalized for malaria and he has out right fabricated the story of being wounded, a more honorable reason for being hospitalized. Patients become aware of the destructiveness of their fabrications and how they in turn generate anxiety to the family who then feels the only recourse is to write to the Congressman or other people they feel have influence in having the patient sent home or discharged.

OBSERVATION: While it is too early to see what the outcome will be of this service to patients there has been a slight decrease in congressional and both patient and families are less concerned. Patients have even recommended to each other as to how they can be more honest in their letter writing and help sever the vicious cycle of anxiety between patient and family.

ITEM: An active preventive dentistry program has stimulated the hospitalized patient to seek dental treatment.

DISCUSSION: This program has been in effect for two months. It involves a visit to each ward by the Preventive Dentistry Officer who gives a short talk on prevention to the patients. The talk is supplemented with a handout which further discusses preventive dentistry and an envelope which contains two disclosing tablets. These tablets used as indicated will illustrate to the patient the areas on his teeth that were not properly brushed. This program is organized so that in one week's time all of the Class I wards are visited. Before the program was begun, a patient could obtain an appointment for dental treatment for two days after his dental examination. At present an appointment will be given for about 6 days after the examination. The patient's initial dental examination is given without prior appointment.

OBSERVATION: Records indicate that there has been a 25-30% increase in dental examinations and also a reduction in failed or broken appointments.

ITEM: Misdiagnosis of malaria patients from field units

DISCUSSION: It has been noticed that an increasing number of malaria cases from field units were being misdiagnosed and that the quality of field review slides was very poor. As a result of this observation, it was decided that a random number of review slides and information pertaining to the percentage of misdiagnoses and the units committing the mistakes be sent to the 9th Medical Laboratory each month. The 9th Medical Laboratory accepts the responsibility of retraining technicians when necessary and makes suggestions to the unit laboratory to improve the quality of slides.

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OBSERVATION: After several field trips by the parasitology consultants at the 9th Medical Laboratory, installation and units having a high percentage of misdiagnoses have drastically lowered their number of mistakes and better quality slides are being received by this service.

ITEM: Laboratory results distribution

DISCUSSION: Prior to 1 August 1967, the Monthly Audit Committee had noted that an increased number of laboratory results were not getting back to patient charts. On further study it was found to be caused by several reasons as follows: (a) No time had been established nor responsible persons designated for pickup and distribution of laboratory forms. Each ward was responsible for the pickup of its laboratory reports, and it had been noted that in many cases patients were performing this job (b) No check system had been established by the Nursing Service to insure that proper laboratory results had been placed in the patient charts before patients were transferred to another ward or dismissed (c) Many patients were not reporting to the laboratory for scheduled tests and were discarding their request forms (d) Many laboratory request forms were not properly labeled.

After much thought and deliberation, the Chief of Nursing Service and the OIC, Laboratory Service took the following corrective steps: (a) Laboratory reports would be picked up twice daily by a person designated by the Chief of Nursing Service at specified times and distributed to the appropriate wards (b) Nursing Service would establish a check system whereby a patient would not be transferred to another ward or dismissed without proper laboratory analyses (c) A better patient log system was established by the Laboratory Service that would enable the Nursing Service to recognize patients not reporting for scheduled laboratory work (d) All laboratory forms not being labeled with ward numbers or minus other pertinent information would be returned to the Nursing Service for corrective action and distribution.

OBSERVATION: Laboratory reports missing from patient charts have been greatly reduced.

E. SPECIAL SERVICES:

ITEM: Lack of beach safety

DISCUSSION: The Center operates a beach as part of the reconditioning program and certified life guards were not available. The local Red Cross made arrangements for a water safety instructor to conduct the senior life saving program. Nine people were certified as senior life savers.

OBSERVATION: Qualified life guards enable the beach area to be utilized more fully in conjunction with the reconditioning program.



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ITEM: Lack of personnel in the Special Services section.

DISCUSSION: There continues to be a lack of personnel to operate the Special Services section. Although the TO&E of the Center does not call for a Special Services section, one has existed in the past and still does exist at present.

OBSERVATION: The post Special Services section has agreed to take over responsibility for all Special Services activities as our people depart the command.

**F. SPECIAL PROJECTS:**

ITEM: Sewage disposal

DISCUSSION: Engineer efforts to build leeching fields in this area have been wasted. Leeching depends on a high concentration of organic material and bacteria for completion of the nitrogen cycle. The ground in this area is mainly sand composed of the oxide of silicon and therefore inadequate to support life and a leeching field.

OBSERVATION: An above-ground treatment plant is expected in the next several months and it is felt that this will solve the problem of sewage disposal.

ITEM: Utilization of partial loads of cement

DISCUSSION: No cement was available from Post Engineers to complete several jobs here at the Center. However there were many projects in progress by Air Force engineers and civilian contractors using cement. They always had partial loads which they could not use after completion of a job. We found by contacting these units we were able to get these partial loads diverted to us whereas the loads would have been dumped and wasted. We used them for completion of our cement pads and sidewalks.

OBSERVATION: By using the partial loads of cement we were able to complete our jobs and save the government the value of this otherwise wasted cement.

SECTION II PART II RECOMMENDATIONS

A. PERSONNEL: Recommend that MTOE submitted 20 October 1967 be accepted and approved. In addition to insuring that the Center would have available the necessary personnel to accomplish the mission, it should also relieve the extremely undesirable and adverse morale problem existing at this Center due to the lack of sufficient TOE spaces.

B. PROFESSIONAL SERVICES:

1. The group counselling program is of great benefit to patients. It is valid in any hospital with a large population that has an interested group leader with some experience in group therapy. This service to patients should be instituted in appropriate hospitals.

2. For many patients the Center is the only place that they will be able to receive Dental care while in Vietnam and for this reason alone every effort is made to give the maximum treatment to each patient. An active Preventive Dentistry Program should be pursued so that patients at other facilities are made aware of Dental Service available to them.

ANNEX A

CHAPLAIN

1. PERSONNEL:

a. On 1 September 1967 the Protestant Chaplain for the Center, Chaplain (Major) Garner departed and during the interim Chaplain Townsend from the 22nd Replacement Battalion conducted Sunday services.

b. Two Chaplains, one Catholic and one Protestant, are assigned to the Center to conduct all activities expected of military Chaplains. One enlisted assistant is assigned to the Chaplain Section.

2. ACTIVITIES AND RELIGIOUS COVERAGE:

a. Religious services, Catholic and Protestant, are conducted regularly at the 6th Convalescent Center Chapel. Nearest facility for Jewish services is at Cam Ranh Bay Depot.

b. Catholic Masses are conducted everyday, on all Sundays and weekdays, with a total average weekly attendance of 132. Protestant religious services are held twice every Sunday and twice during the week, with total average weekly attendance of 85.

3. CHAPEL FACILITIES:

A permanent building is provided for the chapel. This consists of a hospital ward converted to chapel use. Offices for Chaplains and their assistant are in the same structure occupying one-third of the chapel building.

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ANNEX B

RECREATIONAL ACTIVITIES  
(1 August 1967 - 31 October 1967)

1. Each month NCO Club shows, USO shows and Soldier shows are presented to the patients. These shows are extremely well received and serve as one of the highlights of the patient's period of convalescence. During the report period, twenty-six (26) stage shows were presented for the patient's entertainment and enjoyment.

2. The patients continue to use our new Special Services Library at all possible times. The arrival of our Special Services Army Librarian during the last quarter has served to increase the daily circulation of books immensely. The bed patients now have an opportunity to select library books as the Librarian goes into the intensive care wards with a mobile book cart.

3. The MARS Station serves to be a great morale booster for the patients. During the quarter we experienced difficulty with the phone system and our quarterly volume of calls decreased. The average volume of calls placed during the report period was approximately 15 calls per day.

4. The Arts and Crafts resale items which were ordered last quarter were delayed temporarily but have finally begun to arrive. The Resale Store and Arts and Crafts program which is to supplement that of the Red Cross is expected to be operational during the next quarter. The Red Cross Lounge now has two recreation workers and a recreation supervisor assigned to the Center.

5. All of our existing athletic and recreational activities are utilized both in organized company athletics and intramural and leisure time activities. Two newly received golf driving cages are gaining rapidly in popularity.

6. We continue to have movies nightly and also show movies on the intensive care wards during the day. During the report period a total of 138 movies were presented.

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AVBJ-GA-OI (1 Nov 67)

1st Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 October 1967 (RCS CSFOR - 65)

Headquarters, 43d Medical Group, APO 96240 13 November 1967

THRU: Commanding General, 44th Medical Brigade, APO 96384

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

1. Forwarded is the Operational Report - Lessons Learned for the  
period ending 31 October 1967 from the 6th Convalescent Center, APO 96377.

2. This headquarters concurs with the comments and observation of  
the basic report. The approval of the MTOE submitted 20 October 1967 is  
the only suitable way the 6th Convalescent Center will be able to continue  
its present mission. The disapproval of this MTOE, and the subsequent  
reduction of personnel to the strength level presently authorized by GO  
216, Hq USARPAC, 26 October 1967, would necessitate the reduction in the  
mission of the 6th Convalescent Center. The present policy of assigning  
personnel in excess of authorized strength, in order to accomplish the as-  
signed mission, creates an undesirable and adverse morale problem due to the  
lack of sufficient TOE spaces and limited promotion opportunities for en-  
listed personnel concerned.

  
NORMAN J. COLE  
LTC, MC  
Commanding

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AVBJ-PO (1 Nov 67)

2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 October 1967 (RCS CSFOR-65) (6th Convalescent Center)

HEADQUARTERS, 44th Medical Brigade, APO 96384

23 November 1967

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,  
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to the recommendations in Section II, Part II are submitted:


a. Reference paragraph A. The need for additional personnel is recognized and appropriate action has been initiated. However, this recommendation does not fall within the intended purposes of this report and should not have been included.

b. Paragraph B.1. concerns a strictly professional matter and has been noted. This recommendation should be considered by the appropriate consultant to the Surgeon General.

c. Reference paragraph B.2. Non-concur. There are 70 separate Army dental treatment facilities in Vietnam providing dental care. In addition, all incoming personnel are advised of the availability of dental treatment in Vietnam and most replacements are screened upon arrival and given appointments for essential dental care.

TEL: LHM 2909/2494

1 Incl  
nc

  
GLENN J. COLLINS  
Brigadier General, MC  
Commanding

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AVHGC-DST (1 Nov 67) 3d Ind  
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 October 1967 (RCS CSFOR-65)


HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375 17 DEC 1967

TO: ~~Commander~~ in Chief, United States Army, Pacific, ATTN: GPOP-DT,  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1967 from Headquarters, 6th Convalescent Center (DCYA) as indorsed.

2. Pertinent comment follows: Reference item concerning the group counseling program, page 14, paragraph B1: Concur. Group counseling is a method of treatment and management to be utilized as needed. Hospitals that have a psychiatrist or social worker have the capability of conducting group counseling as appropriate.

FOR THE COMMANDER:

*for*  
  
JOHN V. GETCHELL  
Captain, AGC  
Assistant Adjutant General

1 Incl  
nc

cc:  
HQ, 6th Convalescent Center  
HQ, 44th Medical Brigade

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GPOP-DT(1 Nov 67) 3d Ind  
SUBJECT: Operational Report for the Quarterly Period Ending  
31 Oct 67 fm Eq, 6th Convalescent Cen (UIC: WDCYAA)  
(RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 11 JAN 1968

TO: Assistant Chief of Staff for Force Development,  
Department of the Army, Washington, D. C. 20310

This headquarters has evaluated subject report and  
forwarding indorsements and concurs in the report as  
indorsed.

FOR THE COMMANDER IN CHIEF:

1 Incl  
nc



HEAVRIN SNYDER  
CPT, AGC  
Asst AG

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6TH CONValesCENT CENTER

CRITICAL MOS SHORTAGES

OFFICER PERSONNEL:

<u>MOS</u>	<u>SHORTAGE</u>
2200	1
2210	1
2900	1
3100	1
3129	1
3150	2
3153	1
3175	1
3178	1
3180	1
3340	1
5525	11
941A0(WO)	1

ENLISTED PERSONNEL:

<u>MOS</u>	<u>SHORTAGE</u>
35G20	1
51F40	1
63C40	1
71H20	4
71M20	1
73C40	2
91H20	1
91Z50	2
94A10	1
94B30	2
94D20	1

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Inclosure 1

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# 6TH CONVALESCENT CENTER

## OFFICER PERSONNEL:

<u>MOS</u>	<u>OVERAGE</u>
3126	1
3139	1
3170	2
3418	1
3442	2
3446	1
3448	7
3449	2
3506	21
5310	1

## ENLISTED PERSONNEL:\*\*

<u>MOS</u>	<u>OVERAGE</u>
03C20	1
11B40	1
13A10	1
42F20	1
63H20	2
64A10	5
70A10	1
71B30	1
71H40	1
71G40	1
74D20	1
76A10	1
76Y20	1
91A10	6
91B20	13
91B40	1
91C40	1
91D20	1
91E20	1
91E30	1
91J20	2
91P20	1
91Q10	1
91Q20	1
92B20	3
92B40	1
94B40	1

\*\*Enlisted personnel listed are exclusive of 60 day losses

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Inlosure 2

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A & D REPORT  
(1 Aug 67 - 31 Oct 67)

I. ADMISSIONS .....	4374
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b. Transfer	4252
Breakout of Admissions	
a. Disease	3736
b. Injury (NB)	205
c. Battle Casualty	433
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b. Transfers	217
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b. Other Medical Facilities outside RVN	148
IV. AVERAGE LENGTH OF PATIENT STAY .....	22 Days
V. DISPENSARY VISITS .....	1237

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Inclosure 3

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